

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Medical Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm my appointment for an EKG at [Medical Facility Name].

**\*\*Appointment Details:\*\***

- **\*\*Date:\*\*** [Appointment Date]

- **\*\*Time:\*\*** [Appointment Time]

Please let me know if there are any necessary preparations or documents I need to bring for this appointment.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Date of Birth] (optional)